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002543 7590 08/16/2004

ALIX YALE & RISTAS LLP
 750 MAIN STREET
 SUITE 1400
 HARTFORD, CT 06103

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Guy D. Yale	(Depositor's name)
	(Signature)
November 10, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/069,081	08/12/2002	David Foster	DHN/322/PCT/US	9278

TITLE OF INVENTION: ORTHOPAEDIC BONE CEMENT MIXING CONTAINER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	XXX \$685	\$0	XXX \$685	11/16/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
BUI, LUAN KIM	3728	206-219000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1. Alix, Yale & Ristas, LLP

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Summit Medical Limited

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Gloucestershire, Great Britain

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

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- ☒ Issue Fee
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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature)

(Date)

Guy D. Yale

November 10, 2004

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